

Approved For Release 2002/06/10 : CIA-RDP84-00360R000600020132-8
D. O. Vou. No. _____
Bu. Vou. No. 1082

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)
Voucher prepared at _____
(Give place and date)
THE UNITED STATES, Dr., Payee's Account No. _____
To _____
(Payee)

PAID BY
ENCU #1
SAPC ER006
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				415	58
Use continuation sheet(s) if necessary						415	58
Shipped from _____ to _____		Weight _____	Government B/L No. _____	Total			
I certify that the above bill is correct and just and that payment has not been received.				(Payee must NOT use this space)			
STATOTHR (Sign original only)				Differences _____			
Date 12/6/57 *Payee _____ (Date not required when a like certificate is made by payee on attached bill or bill)				Amount verified; correct for _____			
Per _____ Title _____				(Signature or initials)			
Contract No. A101		Date _____	Req. No. _____	Date _____	Invoice Rec'd.		

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

By _____

Title _____

Date _____

(Authorized Certifying Officer)

SIGN ORIGINAL ONLY

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

STATOTHR